FIXED ASSET DISPOSAL REQUEST

CUSTODIAN NAME	RELEASING CUSTODIAN NUMBER	DATE (MM/DD/YYYY)
PREPARED BY	**TRANSACTION NUMBER**	**ADDRESS/EXTENSION**

****ASSETS CONTAINING HAZARDOUS OR RADIOACTIVE MATERIALS MAY NOT BE REMOVED FROM DEPARTMENT FOR DISPOSAL UNTIL SUCH HAZARDS HAVE BEEN REMOVED AND CERTIFIED BY ENVIRONMENTAL HEALTH AND SAFETY AND/OR THE RADIOLOGICAL SAFETY OFFICER. CERTIFICATION OF HAZARDOUS MATERIALS REMOVAL MUST ACCOMPANY THIS FORM**

REMOVAL SECTION:

R1 - LOST
R2 - STOLEN
R4 - SURPLUS OPERATIVE
R5 - SALVAGE
R6 - TRADE-IN
R7 - RETURN TO TITLE HOLDER
R8 - SOLD

DOES ITEM CONTAIN HAZARDOUS MATERIAL?

CONDITION CODES:
1. NEW
2. USED-GOOD
3. USED-FAIR-POOR
4. REPAIRS REQUIRED-GOOD
5. REPAIRS REQUIRED-POOR
6. SALVAGE
7. SCRAP

ASSET TAG NO(S)	RC	ITEM DESCRIPTION, MFG/MODEL, SERIAL NO	YES OR NO	CURRENT LOCATION	COND CODE	REASON FOR DISPOSITION	ORIGINAL VALUE	CURRENT VALUE
						TOTAL VALUE OF DELETIONS	0.00	0.00

CUSTODIAN REQUESTS DISPOSITION BY: _____ FM PICK UP AND SURPLUS AUCTION _____ SEALED BID _____ DEPT AUCTION _____ OTHER (NO PICKUP NEEDED, EXPLANATION REQUIRED)

COMMENTS:

CONTACT INFORMATION FOR PICKUP:

NAME: EXTENSION:

RELEASING DEPARTMENT CERTIFICATION

"I relinquish inventory accountability for the above described equipment."

PLEASE NOTE: THIS FORM MUST BE APPROVED BY DEAN OR VICE PRESIDENT IF EQUIPMENT IS REMOVED FROM INVENTORY

SIGNED: _____ SIGNED: _____

DEPARTMENT HEAD DATE DEAN OR VICE PRESIDENT DATE